Fill	in this information to	o identify your c	ase:									
De	btor 1	Esthralietta	Parker			_						
1	btor 2 buse, if filing)					_						
Un	ited States Bankrupt	cy Court for the	: EASTERN DISTRICT	OF PENNSYLVANIA		_						
Ca	se number 18-	17658					Ched	ck if this is:				
(If known)				•				n amende	d filing			
										postpetition chapter llowing date:	•	
0	fficial Form	106I					Ī	/IM / DD/ Y	YYY			
S	chedule I: `	Your Inc	ome							12/	1	
atta	ch a separate shee		r spouse is not filing wi On the top of any addition									
1.	Fill in your employment information.			Debtor 1				Debtor 2 or non-filing spouse				
	If you have more t		Employment status	☐ Employed				■ Employed				
	attach a separate information about		Employment status	■ Not employed				☐ Not employed				
	employers.		Occupation					Incarce	rated - No	Income		
	Include part-time, self-employed wor		Employer's name									
	Occupation may ir or homemaker, if i		Employer's address									
			How long employed the	here?				_				
Pa	rt 2: Give Det	ails About Mor	nthly Income									
Esti			ate you file this form. If	you have nothing to rep	ort for	any	line, write	e \$0 in the	space. Incl	ude your non-filing		
	ou or your non-filing : e space, attach a se		ore than one employer, co	ombine the information t	for all e	emplo	oyers for	that perso	n on the lin	es below. If you need	d	
				F						btor 2 or ng spouse		
2.	List monthly grodeductions). If no			2.	\$		0.00	\$	0.00			
3	Estimate and list	monthly overt	ime nav		3	+\$		0.00	+ \$	0.00		

0.00

\$

0.00

Calculate gross Income. Add line 2 + line 3.

Debt	or 1	Esthralietta Parker	-	(Case nu	umber (<i>if kı</i>	nown)	18-1	7658		
					For D	ebtor 1			Debtor -filing s		
	Cop	by line 4 here	4.		\$	(0.00	\$		0.00	_
5.	List	all payroll deductions:									
٠.	5a.	Tax, Medicare, and Social Security deductions	5a	a.	\$		0.00	\$		0.00	
	5b.	Mandatory contributions for retirement plans	5b		\$		0.00	\$_		0.00	_
	5c.	Voluntary contributions for retirement plans	50		\$		0.00	\$_		0.00	
	5d.	Required repayments of retirement fund loans	50	ı.	\$		0.00	\$		0.00	_
	5e.	Insurance	5e	€.	\$	(0.00	\$_		0.00	
	5f.	Domestic support obligations	5f.		\$	(0.00	\$		0.00	
	5g.	Union dues	5g	J.	\$		0.00	\$		0.00	_
	5h.	Other deductions. Specify:	5h	1.+	\$	(0.00	+ \$		0.00	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	(0.00	\$		0.00	_
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	(0.00	\$		0.00	_
8.	List 8a.	t all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total									
		monthly net income.	8a		\$	(0.00	\$		0.00	_
	8b.	Interest and dividends	8b).	\$	(0.00	\$		0.00	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	80) .	\$	(0.00	\$		0.00	
	8d.	Unemployment compensation	80	ı.	\$	2,383	3.00	\$		0.00	_
	8e.	Social Security	8e	€.	\$	(0.00	\$		0.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.		\$	(0.00	\$		0.00	
	8g.	Pension or retirement income	89	J.	\$	80	0.00	\$		0.00	_
	8h.	Other monthly income. Specify: Assistance from debtor's brother	8h	1.+	\$	1,000	0.00	+ \$		0.00	_
		Overpayment of Taxes			\$	500	0.00	\$		0.00	_
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	,	\$	3,963	3.00	\$_		0.0	0
10	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	2	963.00	. \$		0.00	= \$	3,963.00
10.		I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ_	J,	,303.00			0.00	_	3,303.00
11.	Incli othe Do i	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not exify:	depe					•	Schedule 11.		0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The rester that amount on the Summary of Schedules and Statistical Summary of Certaillies							12.	\$	3,963.00
13.	Do :	you expect an increase or decrease within the year after you file this form No. Yes Explain:	?								ly income